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ABSTRACT

This paper uses experiences in Pakistan to address issues in the application of European-based principles of disability-related concepts and services to cultures in South Asia, especially Pakistan and India. Emphasis is on understanding the South Asian conceptual world of disability so that "development" rather than "transfer" of knowledge and skills can be appropriately rooted in indigenous conceptual bases. A review of the literature includes historical material with excerpts from Sanskrit and Tamil classics concerning the place of disability in society. This review also notes development of the formal service system in the nineteenth century. The inappropriateness of transferring modern Western ideological crusades (such as deinstitutionalization and inclusion) is stressed, as are the effects on educated South Asians of exposure to Western ideas. The paper concludes with a call for recovering South Asian disability history and integrating this history into the development of services for people with disabilities. (Contains 90 references.) (DB)

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Can Formal Disability-Related Services Be Developed With South Asian Historical And Conceptual Foundations? Constructions from experience and research.

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MILES

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During 12 years' disability resource and service development work in Pakistan and region plus a two-year handing-over period (1978-1992), the inappropriateness to South Asia of much European disability ideology, planning and strategy became apparent to myself and Christine Miles; and also the difficulties experienced by Asian field leaders to make plans based on their own cultures and concepts, either independently or with some blend of appropriate foreign elements. Elsewhere I have described some of the background and development work (Miles 1986, 1990b, 1993a), and the educational planning efforts and intentions of government and NGOs (Miles 1986, 1990a, 1993b), while criticising the incautious export/import of European education and rehabilitation theories and methods (Miles 1985b, 1996a, 1997a).

The 1980s saw very few published critical commentaries on third world disability service planning and practice, as the people involved were sufficiently busy staying alive, trying to find funds for their development work, and coping with the wondrous schemes foisted on them by visitors and correspondents from aid organisations and UN agencies. Disability development publications during this period are largely of the 'What a great job we do' variety, deemed necessary to sustain funders' interest and repel challenges from newer, sexier claimants, e.g. street children, orphaned refugees, genitally mutilated girls, whose minders wished to carve a piece of the aid pie. However, relevant parallel fields of research had slowly been progressing. For example, the beginnings of anthropology of mental retardation in non-western cultures were documented by Edgerton (1970, 1984). Groce wrote model studies in historical anthropology of deafness (1985) and of mental retardation (1986). Broader cross-cultural disability themes were noted by Scheer & Groce (1988). Some disability anthropology studies begun in the mid-

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1980s have now appeared in Ingstad & Whyte (1995). Burck (1989) in Zimbabwe wrote one of the rare ethnographic studies connected with disability service development. Through the 1980s Sultana Zaman in Bangladesh, Molly Thorburn in the Caribbean, Robert Serpell in Zambia, David Werner in Mexico, together with their colleagues produced disability studies and manuals blending rigour, ethnography and practical social concern. Cross-cultural variations in concepts of personhood were investigated by Shweder & Bourne (1982) and in connection with disability by Dossa (1989); while studies of child development and of cross-cultural psychology had become global enterprises with their own dedicated jargon and journals. Concerns with disability in culturally diverse families in Europe and North America also developed implications for 'countries of origin' (see e.g. Gartner, Lipsky & Turnbull 1991; Harry & Kalayanpur 1994; Kalayanpur 1996). A more extensive review of literature appears in Miles (1996c). However, these nascent fields of knowledge were practically unknown to Christine Miles and myself in our obscure corner of Pakistan. A decade later, after considerable growth, they still seem to be unknown to many field participants and aid programs busy under the 'Community Based Rehabilitation' umbrella.

One of the ideas current from the 1960s onward was that European aid to economically weaker countries should be a 'transfer of knowledge and skills'. With some such notion my wife and I went to Pakistan, at the invitation of local people; but in the course of 'transfer' efforts, with suitable cultural adaptation, we discovered after some years that, all along, there had been a vast unseen 'conceptual' dimension which demanded not merely the surface 'adaptation for cultural differences', but an entire rethinking, rebasing and rebooting with concepts much nearer those already in the minds of our South Asian colleagues. The *reconceptualisation* of planning and strategy that emerged from our own experiences was called *Information Based Rehabilitation* (IBR), a phrase that has gained little currency and where used has generally been misunderstood. Briefly, IBR is not an alternative or additional *strategy*, it is an attempt to look at existing services and development strategies in terms of information, understood in the modern 'information society' sense, i.e. very broadly, as *concepts, knowledge, skills and design, with feedback*. An examination of these features sheds much light on what is happening, for example where different strategies might be mutually strengthening, rather than competitive or exclusive (Miles 1989, 1993a, 1996a).

The Conceptual Dimension

The importance of the conceptual dimension slowly dawned on Christine Miles in connection with school staff whom she was training and guiding. During five or six years of daily work together with them and in counselling parents from all over the North West Frontier, she had become fluent in Pushto, Urdu and various local dialects. She then began to realise that concepts of 'the child', 'learn', 'teaching', 'play', which during the past two centuries slowly became basic to European work with children having learning difficulties, developmental delays or multiple impairment, were understood by her Pakistani staff in ways substantially and significantly different from what she had supposed; and by many families were understood differently again, if understood at all (C.Miles 1991, Miles & Miles 1993). She also realised that some of what was now becoming clear to her had actually been mentioned by staff members in the first year - she had not been able to hear it then, precisely because the differences were at the conceptual level. It had been hard for the staff to express, and in any case during the first year they all had been seeking common ground rather than exploring differences; so after trying a few times to express their conceptual questions, they desisted. (As the Centre's administrator, a step back from the professional front line, it took me even longer to understand the issues and their significance). On returning to England in the 1990s, Christine met the reverse image. After years of slowly learning how these key concepts appear to Pakistanis, she observed monolingual and largely monocultural British special teachers trying to teach British Pakistani pupils said to have 'severe learning difficulties', with minimal awareness of the children's linguistic, cultural and conceptual background, or of their actual skills and learning ability in their mother tongue (C.Miles 1993).

The Pakistan experiences caused us to feel strongly the need for a greater understanding of the South Asian conceptual world of disability and appropriate responses, so that the *development* (rather than *transfer*) of knowledge and skills should be more appropriately rooted in indigenous conceptual bases. Such an understanding could perhaps have been acquired from the results of anthropological, psychological, or sociological studies - but the research capacity seemed hardly to exist in Pakistan in the 1980s, an observation endorsed in evaluations by senior social scientists themselves (Hashmi 1989; Inayatullah 1989). At the Government's request we did some practical studies, which were illuminating in some respects, but for lack of time, resources and research experience they were of a pilot nature (Miles 1983, 1985a). We kept tabs on such social science research as existed, e.g.

studies at the National Institute of Psychology on cognitive development and on childraising practices (e.g. Pervez & Durrani 1989; Pervez 1989, Shah & Pervez 1994). The anthropology of Pakistani childhood has yet to match the vigorous achievements of Blanchet (1996) and her colleagues in Bangladesh, but of course there are many similarities and resonances. Occasionally we stumbled across material from the 1970s or earlier, long out of print, such as an account of integrating blind children in ordinary schools in the 1960s (Grant, 1963), and an unpublished thesis on the education of mentally retarded rural children (Haider, 1971), which confirmed ideas that we had gleaned painfully from many sources. Through the 1980s, such meagre studies as were produced in Pakistan concerning disability were mostly at the level of enumeration. Some data had been gathered in the 1981 National Census, but it was recognised to be weak, and no published study appeared until Afzal (1992). Some efforts were made to discover quick, cheap methods of finding and assessing children with disabilities (Tareen, Mirza, Mobin & Qureshi 1982; Hasan 1988). These studies, while perhaps necessary, were of minimal assistance to the construction and formal expression of a cultural, historically and conceptually valid knowledge base. Though some Pakistanis were uneasy about the indiscriminate importing of European and American methods and equipment, the 'colonised mind' syndrome was apparent in the inability to challenge foreign intervention or to develop indigenous alternatives.

Since 1990 some useful qualitative studies on disability have been undertaken; yet most of them still suffer from over-dependence on western theoretical structures, and remain unpublished. The formal knowledge base, i.e. what has been written and circulated about disability within Pakistan, has not been adequately documented or assembled in any one place. A bibliography now in progress listing 420 items on disability in Pakistan has elicited amazement among people considered 'expert' in this field, though a comprehensive bibliography would be two or three times longer. Similar responses have greeted ongoing bibliographical work comprising over 800 items on disabilities in Zambia and neighbours, some 550 on Syria, Lebanon, Jordan and region, and 250 on Bangladesh. These reactions, from various transitional countries, illustrate some of the problems of assembling a formal knowledge base in countries with inadequate libraries and publishing facilities. Even if people write up their experience, or report formal research, many of the people who should sooner or later read the results, do not get the opportunity. This is discouraging to researchers. It also reinforces the idea of 'expertise' as something locked up in the minds of particular people, often privileged university staff, whose

time and voice must be hired, yet with little hard evidence of what they actually know and how they may apply the knowledge. When an organisation has 'bought' a report from such an expert, the three or four copies tend to be secured in as many office cabinets, instead of being filed on the Internet, rewritten for peer review and journal publication and thus open to public debate.

We were fortunate to find a few Pakistani colleagues who finally could extend their minds both to digest some European concepts and to integrate them into their thinking and practice. They were of the greatest assistance in adapting, translating, publishing and later revising a set of practical manuals in Urdu covering education and therapy with children within the main 'disability categories'. Yet there were hardly any who could both do so and also *explain* how they integrated the different concepts. To construct effective bridges between substantially different conceptual worlds probably requires some years of ordinary residence (i.e. not in a special foreigner enclave) and regular daily work in both worlds, plus everyday fluency in the languages and also strong verbal communication abilities. Between the disability service fields of Pakistan and Britain, we know of no single person who can yet construct such bridges; the best we can find at present are a few joint efforts by people with some of the necessary qualifications. Flaws in the present paper demonstrate our own difficulties in communicating across the gulfs. Had we returned to UK after 5 or 6 years, we could have been accepted as 'experts' on special needs education in Pakistan - without ever discovering the conceptual world. Perhaps some other returned expats have been faster learners; but our perception is that many people in the disability aid game have spent two years here, three years there, and are then deemed 'expert', without ever realising the fundamental flaws in their understanding. People from developing countries may also easily spend two or three years in Europe or North America without reaching a critical understanding of the conceptual differences underlying the practical work to which they have been exposed.

By 1990, Pakistani colleagues were ready to take over our local work, so we left Pakistan for Britain - yet without really having satisfied, after 12 years, the need for a deeper background understanding. In Britain, Christine Miles was able to undertake some research concerning Pakistani children with learning difficulties and their mothers - even in the British context, the isolation of many of the mothers (resulting from both cultural restrictions on women's mobility, and the stigma of having produced a disabled child) was such that their thought patterns seemed little

different from those encountered in Pakistan (C.Miles 1996). I took up the study of South Asian disability history, looking both at broad background factors such as the historical responses of the major Asian religions toward disabilities and disabled persons, historical records of practical responses to mental handicap, and to blindness, as well as some specific studies, e.g. of goitre, cretinism and iodine in South Asia, and of microcephaly at a shrine in the Punjab (Miles 1995, 1996b, 1997c, 1998a, in press). Some efforts have also been made, using academic and popular media (Miles, Chandran & Balasundaram 1995), to share the process and findings with Asian colleagues. There was never any research grant, salary or sales income to share with them.

This paper has the following agenda:

1. Material from historical studies noted above, and its implications.
2. A glance at some recent European disability trends, and their mis-selling in South Asia.

The historical material will be a small selection from Sanskrit and Tamil classics, roughly 2,000 BC to 600 CE, and a glance at the 19th century. Methodological issues in the studies are discussed in detail elsewhere (Miles 1998b). It is recognised that many late 20th century Europeans would find the relevance to current planning, of historical and cultural studies from a period ending some 1,500 years ago, far from obvious. The vast majority of South Asians also have not made any significant studies of their ancestors' history - yet it is with them and all around them, at least in popularised versions, apparently forming a sort of cultural bedrock on which they can build with some confidence. A grittier view, however, is that the surrounding heritage is less a bedrock than a bedroom, in which minds are lulled to sleep while their owners' bodies are directed by enthusiasts for *hindutva* (Lele 1996).

Not Dead Yet

Vedas. However remote from modern western thought patterns, the Vedas remain live currency for some 400 million Asian adults when it comes to deciding how society should function. *Rigveda*, the world's oldest 'book' still in daily use, mentions various people with physical and visual disabilities, specifically in the context of their healing either by the Aswins, semi-divine medical twins, or by Soma, the 'magic potion' personified:

> "He [Soma] covers the naked and heals all who are sick. The blind man sees; the lame man steps forth." [RV 8.79] (O'Flaherty 1981: 121)

> "When in the time of night, in Khela's battle, a leg was severed like a wild bird's pinion, Straight ye [Aswins] gave Vispala a leg of iron that she might move what time the conflict opened. [RV 1.116] (Griffith 1926: 450)

Such claims hardly intended to reflect everyday experience. They suggest the dominant public perception of disability, i.e. blindness and lameness were well known misfortunes, not identical with sickness, and it would require divine intervention for a blind person to see, or a lame person to walk. (Mythological interpretations have also been suggested - they were in vogue among European scholars, before the adventure playgrounds of psychoanalysis were developed). 'Iron legs' are harder to interpret, whether Vispala was horse or human. The *idea* of an artificial limb or aid was clearly present; but this does not prove that non-mythological examples existed. There is some evidence of classical Mediterranean prostheses back to the 5th century BCE. Possibly the 'miraculous' part of the intervention was not that a prosthesis was supplied, but the speed with which mobility was said to be restored, or the use of iron rather than wood.

Rigvedic comparisons of mental capacity are applied directly to education by Mookerji (1947: 25-26):

> "As the Rigveda itself points out [x, 71, 7]: "Class-mates [*sakhas*, i.e. those of same knowledge ... or who have studied the same *Śāstras* ...] may have equality in the possession of their senses like the eye and the ear, but betray inequality in respect of their power or speed of mind... this passage refers to three grades of students, the *Mahāprajñāñ*, the *Madhyamaprajñāñ*, and the *Alpaprajñāñ*, students of high, medium, and low ability." (Brackets are Mookerji's).

While noting the mental poverty of 'blockheads' who chant the vedas mindlessly, Mookerji countenanced their inclusion in primary school, "marked by noisy recitation and repetition of texts by pupils in the manner of frogs lustily croaking after rain" (ibid: 36). At secondary level however, "the collective work of the pupils in a class ceased, and their individual work commenced" (ibid: 36). Soon the bright stood out from the dim, and "The more unfit were weeded out, sent back to the plough or the loom [x, 71, 9]" (ibid: 36-37). *Atharvaveda* consists largely of charms against afflictions including paralysis, mania, epilepsy (Bloomfield 1897). One charm guards against the consequences of sinfully sitting with a person with bad teeth or nails, or "one who is deformed" (ibid: 72). At least three thousand years later, in the 1880s, the guru Ramakrishna reiterated the ancient message that

people with bony or dented bodies, heavy elbow joints, hollow, yellow, squinting or crossed eyes, snub nose, thick lips, short stature, etc, have difficulty acquiring faith, or are wicked and deceitful ('M' 1942: 234, 597, 766, 783). While republishing Ramakrishna, no effort was made to spin-doctor these remarks. Western disability advisors should be aware that their Asian hosts may find remarks reported from 4,000 years earlier more authoritative than the latest European fashion, however 'loudly, proudly and passionately' the latter is presented and however politely it may seem to be received by the hosts. Unfortunately this 'culture-based resistance' seldom issues in culturally and conceptually appropriate plans.

Upanishads. This advanced or esoteric teaching dating between 600 and 300 BC, abounds in philosophical speculations. Blindness appears repeatedly as a metaphor for ignorance, i.e. "like blind men led by one who is himself blind" [Katha Up., 2.5; Mundaka Up., 1.2.8; Maitri Up., 7.9] (Hume 1931: 346, 368, 456), presumably a familiar sight. Other disabilities were familiar enough to be cited in arguments about what was essential to life:

> "One lives with speech gone, for we see the dumb; one lives with eye gone, for we see the blind; one lives with ear gone, for we see the deaf; one lives with mind gone, for we see the childish; one lives with arms cut off, one lives with legs cut off, for thus we see." [Kausitaki Up., 3.3] (ibid: 322).

The continuity of existence, even with senses missing, is further developed in the 'Contest of the Senses' recorded in Chandogya Up. [5.1.1-14] and Brihadaranyaka Up. [6.1.7-14]. Speech, Sight, Hearing and Mind successively take leave for a year then return to see how the others fared. They had in turn been like the blind, the dumb, the deaf, the simpleton or child, etc. When Breath is about to leave, the others know they cannot manage without Breath, which therefore triumphs. More practically, development of the foetus is described in Garbha Upanishad, with details of the formation of body parts in successive months. A brief aetiological explanation of disabilities also appears:

> "The blind (*andha*), the lame (*khanja*), the hunchback (*kubja*), the dwarf (*wāmana*) are born to those parents whose minds are distressed (*vyakulita manasā*)." (Keswani & Bhide, 1965: 70)

Arthasastra. Kautilya's detailed proposals on statecraft and diplomacy, political economy, brothel regulation and intelligence gathering, were traditionally dated to

the 4th century BC. Some of the work's flavour appears in Kautilya's robustly chauvinist batting order for suitors at the king's court:

> "gods and deities, hermits, heretics, Brahmins learned in the Vedas, cows, sacred places, minors, the aged, the sick, the handicapped, the helpless and women." [1.19.29] (Rangarajan 1987: 148)

The legal incapacities of disabled people were manifold: they could neither inherit, nor make a valid contract, nor act as witnesses in court. Women employed in municipal brothels could decline to serve clients with physical defects; yet on the positive side, prostitutes were discouraged from adding to disfigurement, e.g. "cutting off a client's ear" in the heat of the fray (ibid: 354). A man should not insult his wife by calling her a cripple, and there were penalties for defamation involving disability terminology, whether true, false or ironically euphemistic. The State organised a home-worker scheme by which women with disabilities, widows and so forth could earn their living from textiles. Severe punishment was offered if the scheme manager attempted to frolic with the workforce. The latter were encouraged not to be idle, under threat of digital amputation. Some disabled people might find employment in the spy network; but spies were sometimes able-bodied people disguised as disabled. The guise of simplemindedness was sometimes recommended to entrap dishonest artisans, e.g. depositing a valuable item for safekeeping, to test whether they would return it on demand. When or where these laws were effective is unknown. Indian commentators mostly believe Kautilya's work describes a functioning code of statecraft, though some western commentators disagree. The *Laws of Manu*, which have been the fundamental legal base during two millennia, have some provisions for disability, largely of a protective or prohibitive nature, with little or no 'social context'.

Jataka. These 530 stories of the Buddha's incarnations provide "a vivid picture of the social life and customs of ancient India" around the 3rd century BC, with continuing relevance to British ethnographies in 19th century India (Cowell 1895-1907: vol I, xi). Several are specifically on disability themes, while disabilities appear casually in many others. Some portray 'unexpected' features of disabled people, such as a warrior dwarf, a cripple who is an ace stonethrower, a blind seapilot who sees more with his hands than other men with two eyes. Others present familiar stereotypes, such as the rich, crooked, squinting miser who drives away the poor from his gate. Some incongruity appears in stories of women misbehaving sexually with severely crippled men, and the tale of a blind old hag lusting after a young Brahmin. For extracting lessons on attitudes towards disability in ancient

India, the latter story is opaque, even allowing for folkloric exuberance. Its familiar moral, for a young Brahmin with an older teacher from Taxila University, is that women are vile creatures with unbridled lust. The teacher has an ancient, blind mother, to whom "with his own hands" he gives personal care and hygiene. Such filial devotion, or perhaps the physical involvement, arouses his neighbours' derision, so he builds a forest hut and instals himself and Mother. When the young Brahmin comes for extra tuition, the teacher requires him to undertake the psycho-physical care of Mother, commanding him to praise the old crone's beauty while he massages her feet and back. The student obeys so diligently that Mother, instead of calling the Forest Police, imagines the young fool is in love with her. Though decrepit, passion kindles in her to the point of plotting to axe her son. Ergo 'women are depravity incarnate'. The filial care initially seems laudable; yet to use Mother as a case study in the vileness of women must surely lose brownie points.

Tamil Sources. Material noted above derives from North Indian Brahminical traditions, and gives a taste of the vastly greater stores of disability reference in e.g. the epics, drama and puranic literature. An even briefer glance must be given to ancient Tamil traditions, represented by *Shilappadikaram* and its sequel *Manimekhalaï*, probably from the 2nd century CE (Daniélou 1993a; Daniélou 1993b). Both reflect the reforming influences of Buddhism as well as Jaina practices. With erratic storylines, they combine poetry, religious mythology, popular songs, some celebration of women's power to change events and contribute to knowledge, and even an 'Intelligent Girl's Guide to Philosophy' (later dismissed by the intelligent girl as completely useless). Ironic or prurient commentary is offered on sexual decadence. In *Manimekhalaï*, the whorehouse madam is enraged when her granddaughter gets religion and disgraces the family profession by her social worker antics. The detailed notes on a market lunatic, transvestite boy dancers, and the sexualised description of small children on play apparatus suggest more than a passing interest in 'difference' on public display.

The atmosphere and approaches to disability differ from those of the Sanskrit material. While the usual humpbacked maids and attendant dwarfs appear, charitable institutions and hospices for poor and disabled persons are more prominent. The nature and period of such institutions is debatable. For example, Chandogya Up. [4.1.1] mentions a MacDonalds forerunner named Janasruti, "a pious dispenser, a liberal giver, a preparer of much food. He had rest-houses built everywhere with the thought, 'Everywhere people will be eating my food'" (Hume

1931: 215). More formal places of care for the hungry, ill or disabled may have existed earlier in Ceylon and southern India. *Shilappadikaram* mentions a spa at Puhar where disabled people could bathe and recover health and strength, apparently without benefit of the Aswins, who were usually invoked in North Indian healings.

By contrast with the medical/Aswin and charitable-ruler dominance, the benevolence of card-carrying social workers is now emphasized. Aputra, who survived neonatal abandonment and received a Brahminic education, denounces the cruelty of some Brahmins who plan to sacrifice a cow. Expelled by them, he goes to Madura and begs daily from the rich, distributing the proceeds "to the poor, the blind, the deaf, the infirm, the orphans, and the sick, keeping for himself only the remains." (Daniélou, 1993b: 55) One night Aputra faces an emergency and runs out of food. The goddess Saraswati gives him a magic bowl of plenty, from which he feeds thousands. The story now takes an ironic turn. The gods are shaken by Aputra's display of virtue - they are ever vulnerable to ascetics who live on occasional gulps of air while standing on one leg for a few centuries in aid of holiness. Indra descends to sort out Aputra - who, as "a simple and innocent boy", roars with laughter and tells the god he needs nothing (ibid: 57). Indra then spoils the game by sending abundant rain, wiping out hunger. Instead of starving people, the squares are filled with idle layabouts. Even the villages have nobody in need. Aputra turns to Overseas Aid, but gets marooned on an island. Depressed at the loss of hungry people to feed, he decides "to give up life itself rather than stay alone and useless on this desert island with a miraculous bowl in his possession that no longer served anyone but himself" (ibid: 58). This makes a welcome change from the tedious monthly reports of hungry mouths filled, and shifts Aputra offstage so that our heroine Manimekhalaï can strut her stuff. She duly receives the bowl, after venerating the Buddha and on condition that her charitable motives be 'sincere'. An early Princess Di model, Manimekhalaï experiences the joys of anatomically correct public service:

> "Around Manimekhalaï, beautiful as a doll, her pubis resembling a cobra's hood, there soon gathered the blind, the deaf, the crippled, the orphans, the idiots, the ascetics who performed severe practices, all those that were hungry, the poor dressed in rags, and hundreds of thousands of other living beings, who crowded together to approach her" (ibid: 149).

Earlier Than Thou

This material is a tiny fragment of the available South Asian historical disability-related material, selected here because it derives from classical literature held in high regard by Indians, illustrating some quite modern-sounding issues. A few thoughts arise:

1. At least 3,500 years of substantial South Asian experience and evidence exists, in which varied responses to disability and people with disabilities appear. Some South Asians will prefer to start by recovering their own cultural heritage on disability, rather than taking lessons from large-footed, beef-eating foreigners who know nothing of it, from countries with much briefer cultural attainments and a track record of developing weapons of mass destruction and disablement.
2. Some ancient material concerning disabilities is well known, involving for example characters such as the blind King Dhritarashtra and his blindfolded wife Gandhari, Ashtavakra the brainy supercrip and Hanuman the divine but crack-jawed monkey, cunning and vengeful Manthara, even Shiva the (occasional) Simpleton; while vastly more characters and episodes, such as Khujjutara the humpbacked female thief turned religious teacher, are known mainly to scholars.
3. Details in key episodes, such as the intervention of the humpbacked Manthara on which the Ramayana story turns, lend themselves to discussion of many aspects of disability, e.g. the portrayals linking disability with guile or evil, the 'wisdom' stored in Manthara's hump, the abuse of disabled servants and the sexual use/abuse of disabled women. Differences between the multiplicity of Ramayana versions indicate that editors, and to a lesser extent consumers, have been aware of the nuances and sensitivity of some disability issues. Complaints by the blind Dhritarashtra about his son's dismissive attitude towards him, and the portrayal of blindness in *Mahabharata* precede a considerable blindness literature, down to the Bengali ballads rescued from oblivion some 80 years ago (Miles 1997b, Sen 1926-32).
4. Literary, social and religious evidence sampled above is paralleled by constructions of disability in the development of South Asian medical, psychological and legal literature. Studies of these fields are more a scholarly than a popular pursuit, yet the results greatly extend the understanding of how some Asian societies have responded to disability down the centuries. Some, perhaps many, of those responses would now be unacceptable to Asians and Europeans alike; yet the study of such material, and discussion of the moral

and ethical issues, is likely to be far more illuminating to Asians, as they readily grasp the cultural subtleties and nuances.

5. The Indian material noted above is of course less directly relevant to disability policy and planning in Pakistan and Bangladesh, for which the disability roots in Islamic history need greater attention. Yet despite 'official' neglect of the Hindu heritage, these countries with largely Muslim populations have been deeply affected by the Hindu, Jain and Buddhist presence. Even more have they been affected by the cultural inferiority complex still deeply ingrained, according to long-running studies by Garg & Parikh (1995), among the sort of modern, educated urban Indians who should be the first to shake it off. Each of these strands requires book length treatment; here, only a few of the oldest components have been sketched.

A Glance at Formal Service Development

Social responses to disabled people by way of formal services date from antiquity, as noted above. The basic format of wealthy people setting up kitchens for feeding hungry crowds, and rulers providing some shelters or hospices for severely disabled or chronically sick people, can sporadically be documented, but not quantified, at intervals from 500 BC to the present. The early jurist Brihaspati [XVII: 10-12, 22-23] mentioned what may have been a village cooperative society, the surplus from which

> "shall be bestowed on the idiotic, the aged, the blind, to women or children to afflicted or diseased persons, to persons having issue, or the like (worthy persons)." (Jolly 1889: 349).

This glimpse, and odd notes in the *Jataka*, suffice for politicians to conjure the ghost of a blissful, self-sufficient, village 'welfare state' in which every need was met with benevolence, before the brutal British destroyed it - or perhaps it was the brutal Turks, Persians or Moghals, since visitors to India from the 13th to the 18th century fail to report widespread bliss - or perhaps it never existed for anyone to destroy. In the Report of the Indian Famine Commission (1880: I, 60) British officers indeed considered that

> "Native society in India is justly famous for its charity. It is owing to the profound sense which is felt by all classes of the religious duty of succouring, according to their means, the indigent and helpless who have claims on them as members of the family, the caste, or the town or village, that in ordinary times no State measures of relief are needed."

Yet the result merely 'sustained existence' in large numbers of paupers, many of them disabled, who would be wiped out a little later by famines or epidemics. Their condition was not improved, and their prospects were not changed, by indiscriminate personal charity. How far there was improvement when urban Indians began to participate in organised British charities, is debatable (see e.g. Sanyal 1977); as also its converse, e.g. the fluctuating participation of the British in administering Muslim charitable trusts (see Rashid 1978, 11-36). Neither can be pursued here.

Early records of organised European charitable work in India run from the Portuguese hospitals and orphanages in the 16th century (Meersman 1971) including an institution for needy and deaf people as early as 1589 (Gracias 1994: 137 and personal communication), via an occupational disability compensation scheme at Madras in 1764 (Penny 1904: 385-89), to a 420-page "practical refutation of the charge of indifference to the interests of the Natives" by senior administrator Charles Lushington (1824: 6) detailing benevolent institutions initiated by the British. Of immediate interest, however, is the introduction of new *policy, method and technique*, which would begin to differentiate professional-developmental-progressive models from the mere charitable maintenance of disabled paupers.

The Rev. Andrew Bell was a strong believer in method, technique, and achievement, while running the Military Male Asylum school at Madras, 1789-97. Bell increasingly used older children to teach and monitor the younger. This saved staff salaries, but the boys also achieved far more, and discipline problems became rare. Asylum regulation No.23 stated that

> "any boy lame, or deformed, or whose faculties may be deemed unequal to the elements of letters, shall be admitted, or rejected, at the discretion of the Select Committee, who will be guided in their decision principally by considering the probability of his becoming a permanent burden on the funds, or of his being able at, or before, the age of fourteen, to earn his own subsistence, agreeably to the plan of this institution." (Bell 1807: 114)

Bell recalled the case of a boy who somehow had been admitted, who was

> "stupid, sluggish, and pusillanimous. His schoolfellows made a mocking-stock of him, and treated him with every insult and indignity ... it appeared to me that ere long he would be rooted and confirmed in perfect idiotism, of which he already had the appearance" (ibid: 74).

Bell admonished the schoolboys, told them that they could either drive the victim to complete idiocy or they could help him forward to achieve whatever he was capable of, challenged them to do the latter, and made it clear that he was keeping a close eye on events. He placed the weak boy under the tutorship of a steady lad; and after some time saw

> "the boy's countenance more erect and brighter; his spirit, which had been completely broken, revived; and his mind, which had sunk into lethargy and stupidity, reanimated. Henceforth his progress, though slow, was uniform and sure" (ibid: 75).

This minor pedagogical incident at Madras occurred a few years before Victor, the 'wild boy of Aveyron' attracted notice in France and Jean Itard attempted to educate him (Lane 1979). Bell's dullard seems familiar enough as a type well below average in ability, further hindered by emotional disarray and liable through ill-treatment to become fixed in 'idiocy'. He was rescued by changing the behaviour of his fellows, giving steady encouragement and a supportive environment, within an achievement-oriented school. Itard's case, by contrast, was and is extremely rare, and thus a less appropriate experimental background for developing educational methods with severely disabled children. Itard is Eurocentrically considered the "father of special education for the mentally and physically handicapped" (ibid: 285); yet the commonsense approach of Bell and doubtless of many earlier educationists may have had far broader application, and might have avoided some of the labelling and segregation of children less abnormal than Victor. India indeed had 'jungle children', one of whom was closely observed at the Dacca Asylum in the 1840s by Medical Superintendent Green (1856-57: 408). Yet there have been thousands of children at the level Bell described, for each 'Victor'.

Bell's recollected incident, and the beginning of formal technique in teaching blind children in India, both took place in military orphan asylums. Parents themselves were probably less urgent, at this period, in putting their disabled child to school. Asylum superintendents, however, had disabled orphans on their hands and meant them to become self-supporting, rather than a 'permanent burden on the funds'. (There is no reason to doubt the goodwill of asylum staff - their compassion aimed towards a practical outcome). In 1838 or 1839, the Military Orphan Institution at Calcutta wrote to the London Society for Teaching the Blind to Read to obtain some of Lucas's embossed material for its blind orphans, and later reported that "their joy and satisfaction were great" (Annual Report ... London Society 1839: 11; 1841: 11)

By this time, William Cruickshank, a blind former pupil of the Madras Military asylum, was flourishing as a teacher in ordinary schools, and in 1841 returned to his old school as Head Master ('T.' 1879). From the 1840s onward, the use of special techniques increased steadily, with Moon script eclipsing Lucas in the 1850s, and with the efforts in the 1860s at Benares by Mrs Jane Leupolt to teach blind children, to train Indians in the teaching methods, and to develop local printing of embossed materials (Leupolt 1884, 243-47; Miles 1997c).

Work with disabled children from the 1790s to 1870s has disappeared from 20th century Indian education history. The relevant documentation has been inaccessible within India, but is now becoming available from British sources (Miles 1997c, and in press). It is important that Indians should investigate their own sources, so that they are in a position to make informed judgements and to 'own' their own history. For example, hypotheses have been floated along the lines that European special education was developed to 'control' awkward elements among the masses, and disability was 'created' by European industrialisation, i.e. as people with impairments who earlier found a niche in the rural environment failed to meet the demands of urban factories. These ideological propositions have little enough historical credibility in Europe (see e.g. critique by Oliver 1986, and Cole 1989); yet South Asians should take the opportunity to test them using their own evidence, rather than relying on arguments from remote cultures.

Indian textbooks and educational histories uniformly and mistakenly suggest that special education in India began with the creation of special schools for deaf children at Bombay c.1884 and for blind at Amritsar c.1886. These beginnings were long considered a 'creditable' missionary activity - though the substantial roles of Indians in the achievements, warmly recognised at the time, were later forgotten. Western notions of school integration from the 1970s and 1980s, and the buzzword 'inclusion' in the 1990s, begin to suggest that the origins in India of what are now reconstructed as wicked, damaging, 'segregated institutions' can conveniently be blamed on wrong-headed foreigners, cruelly exercising professional 'control' over disabled children, as part of the imperial discourse of racist superiority (etc etc); and if any Indians were involved, they must have been coerced. British educationists in early 19th century India were keen to promote a spirit of competitiveness or 'emulation' (a key word) among schoolboys, which they found lacking in native schools. Such a spirit would sit uneasily with 'inclusive' ideologies - yet it certainly matches the ambitions of the modern South Asian middleclasses. Modern Indians,

whether disabled, or with a professional or parental interest, need to be able to see through the ideological posturing, to decide what credible historical grounds there are for supporting one or another form of provision.

It is not inherently incredible that some group or other may have accumulated knowledge and then used it to control or make money out of a weaker group. There are plenty of examples in Asian and European history - but these examples do not prove that a particular type of disability services was developed with such motives. It is more interesting to argue from verifiable data. For example, there is evidence that Moon script could be learnt by blind people more easily than Braille, but was more expensive to print. These two systems competed over several decades in India. Braille really needed a professional teacher, whereas Moon could be learnt quickly by blind or sighted people, who could then pass on the skill. The determining factor seems to have been the cost and availability of materials - since the reading skills were useless without materials to read. By 1900, the much cheaper Braille was ousting Moon; though this meant that specialist teachers were required. Efforts to teach deaf Indian children saw a similar struggle. Some deaf children were casually integrated in early missionary schools, where informal signing systems developed (e.g. Chapman, 1839, p. 91). Later, oral methods were imported from Europe e.g. by Mr Walsh at Bombay (Editorial, 1887). Education of deaf children then required a specialist teacher, and thus became more expensive and less widely accessible. The results of these struggles were by no means inevitable, and the details have yet to be fully examined in the historical Indian situation. What was predictable, however, was that any trend favouring specialist teachers, who were obviously very scarce, would result in such people working in specialised schools, where their skills would be applied to the maximum number of disabled children, rather than being found in ordinary classrooms, where their specialist skills would be required by very few. Many children with lesser impairments continued in ordinary schools, as they do today, with teachers either ignoring any special needs they might have, or using commonsense methods as did Bell in the 1790s.

Modern Ideological Crusades

Mention was made earlier of "wondrous schemes" foisted on the third world disability field by aid agencies and UN agencies. For example, the 1970s saw trends of 'deinstitutionalisation' and 'normalisation', the 1980s saw a strong push on school 'integration' and the hyping of the WHO model of Community-Based Rehabilitation, and in the 1990s disability has become a 'rights issue' following a

'social model', with 'inclusion' as the new version of school integration with go-faster stripes (or with a total reconceptualisation of what education if all about - the viewpoint perhaps dependent on the square of the distance between the proponent and the actual classroom). Behind each trend and buzz-word there are innovative ideas and practices, having some merits within their original contexts, and perhaps other merits as they have outgrown their origins. Developing countries are entitled to know what is going on around the world, and could not in any case be prevented from hearing about these ideas. Yet what has repeatedly taken place has been not merely the communication of balanced information, but the 'foisting of wondrous schemes', with a combination of ignorance, naïveté and dishonesty. There has been colossal ignorance and naïveté about the cultures, socio-economics and histories of the countries in which schemes have been pushed. Dishonesty is apparent where schemes have been exported without any reference to the context in which the ideas have developed, and without the debates and challenges to which they continue to be subjected in their original context.

Adequate documentation of these charges would require book length; however, a few examples will set the scene, contrasted with some recent realism. Deinstitutionalisation and normalisation, "probably the most controversial and emotionally charged issues in the field of mental retardation" (Landesman & Butterfield 1987), together with 'independent living', involve assumptions about concepts of personhood, individuality, relationships, families, the meanings and goals of life, the ethics of making choices for other people etc, all of which are open to debate within their native context. Yet the slogans, the advocacy, and the western textbooks which have passed their sell-by date and been dumped in third-world bookshops, repeatedly hit Pakistan during the 1980s, in our experience, without exposing the conceptual assumptions or disclosing the ongoing controversies from their places of origin. Such problems are indeed discussed carefully in a few western journal papers (e.g. from Rose-Ackerman 1982 and Baldwin 1985, through many authors to Simpson 1998), but these have minimal circulation in the developing world.

On school 'inclusion' of disabled children, Barton (1997) underlines the significance of context. He notes, in a British context, that

> "Everything currently seems to be against an inclusive outcome, including the increasing marketization of educational planning and provision, the intensification of competitiveness and the increase in selection, both in

terms of access and experience within schools, and a set of values which celebrate individualism thereby making the possibilities of cooperation, collaboration and difference, at an institutional and individual level, less desirable or possible."

Such realism may cause advocates of 'inclusion' to seek a more welcoming context - Stubbs (1997), for example, asks "can poverty facilitate inclusion?", presumably meaning economic poverty in situations where people have not yet lost all initiative, culture and control over their lives. The romantic myth of community spirit among the poor dies hard; but an internal review of BRAC's much praised 'alternative' schools in Bangladesh suggests that Barton's cut-throat education jungle may exist there too. BRAC schools are intended for primary school drop-outs or non-starters, using a child-centred curriculum taught by literate but unqualified women. Evaluators found one teacher getting good results by first excluding the duller pupils, so as to keep up the achievement level - incidentally subverting half the purpose of these 'rescue' schools! (Khan & Khan 1993, 27). The role model is the middle-class urban Bangladeshi, Indian or Pakistani child, goaded onward by ferociously ambitious parents (Blanchet, 1996) from its entry as a toddler to 'kindergartens' - another western import which, like 'Montessoris', now reproduces across South Asia precisely the stultifying, formal knowledge factories against which Froebel fought in 19th century Europe and Montessori fought worldwide for half the 20th century.

Another educational consultant to developing countries is unusually frank about the outcomes of 'inclusion' back in the USA. After listing common elements identified in successful inclusion programs - none of which can by any stretch of the imagination be said to be common in Asian or African schools whether government or private - Butler (1997) notes that "The move towards full inclusion is not based on a body of solid educational evidence demonstrating clear merits over special classes." Both Barton (above) and Butler are broadly in favour of the inclusion trend. Both are rare in presenting arguments for and against, rather than mere sales talk. Stone (1997) is refreshingly honest about the process of adjusting from theoretical emancipatory research and a social model of disability, toward the realities of Chinese disability politics where people see things differently. Perhaps a solution might be found by starting with the ancient Chinese writer Chuang-tsŭ (also transliterated Huan-xi, etc) who sketched an early 'social model' of disability. Chuang-tsŭ first pictures water 'finding its own level', taking the shape or filling the contours of whatever land or vessel it meets. He seems to suggest that a powerful

spirit may similarly assume a deformed human shape - the deformities arising from the misshapen and defective society in which the powerful spirit has taken birth (Graham 1981: 80-81). Indian literature of antiquity provides a different 'environmental model', in which the rottenness of society results in an increase in serious congenital impairments. If ideas from Chinese disability history are added to those of India, it is doubtful whether modern European disability activists have any new theory to teach Asians.

The illusion of a seamless transfer of ideas between Eastern and Western (or Northern / Southern) minds without the pains and delights of studying cultural and conceptual history, is sustained by the willingness of educated Easterners / Southerners to use English, and to keep their mouths shut when they do not understand or do not wish to contradict. The 'social magnetism' factor operates powerfully. Educated, urban Europeans visiting or working in developing countries usually have educated, urban counterparts who can speak a European language and have made some progress in government or NGOs, who are often also embarrassed by their country's economic weaknesses, and may be resolutely ignorant about rural lives, cultures and talents. This is especially so for urban disabled counterparts, who have usually lacked the mobility or communication ability to learn much about their own rural population. During visits, and in the first years of expatriate work, Europeans almost inevitably look for things they feel they can understand, rather than pursuing the incomprehensible. Their hosts are strongly motivated to continue offering whatever the visitor responds well to, rather than insisting on what is different and difficult. This sort of well-meant and highly understandable *folie à deux* readily establishes and reinforces a series of largely false ideas in the minds of visitors and short-term workers, unless they determinedly and painfully seek a much broader cross-section of viewpoints and contrary evidence.

Recovering Disability History

Is it not merely European paternalism to suggest that Asian planners need any help to construct their 'own' disability history, or to have solid home ground on which to stand? I doubt it - but if I were to meet as many as three planners in Islamabad, Delhi and Dhaka who knew their national disability history and were confident that they could achieve a viable blend of old and new, I would be content. In fact, it took years before I realised that South Asian disability history is practically unknown, and that documents, time and resources for its construction are not readily available. Theoretically, any reasonably bright Asians could have pursued

the studies leading to the publications listed here, without going through the depressing processes of university regulations and grant-making bodies - provided they have independent means or a spouse able to earn their bread; and are willing to spend several years grubbing around in inaccessible corners of libraries in several countries; and realise that results in terms of changes in practical planning will not necessarily be seen during their own lifetime. Unfortunately, such conditions are unattractive. Until some groundwork has been done, bibliographies are available, and it has been demonstrated that there are viable fields of study to pursue, one cannot expect much interest either from funding agencies or researchers. The disability field, from the private individual to the senior government planner, is chronically short of all sorts of resources; and what there is has often been secured by particular groups, e.g. disabled urban male ex-combatants or pathetic-looking children undergoing fancy surgical procedures. 'Disability history studies' have hardly been a competitive proposition. They are not yet a 'felt need'. Their absence is unlikely to be felt until western cultural imperialism and anglophone globalisation, which already cause some anger in Asian health and education fields, have aroused sufficient heat in the disability field too; and until enough Asians have tasted the early fruits of their own disability history and have decided that it is an indispensable component of future planning.

In Conclusion

Can formal services be developed *with* South Asian historical and conceptual foundations? Both the practical experience and historical studies outlined above, together with the literature cited, suggest (as indeed is intuitively obvious) that services cannot adequately and appropriately be developed in South Asia *without* such foundations. To assimilate modern knowledge and skills that may be scarce in their countries, South Asians can indeed be trained abroad, or trained in their own countries by foreigners, or may train themselves using foreign information media - or may discover modern knowledge by their own research - but the problems arise when they in turn should train the next generation. Unless they have integrated the conceptually foreign material with their own practice, concepts and culture, they are likely to find great difficulty either passing on a coherent message to the next generation of trainee professionals, or acting as competent guides or partners with disabled people or parents of disabled children. The present paper has been an inadequate, lightning sketch of much too vast and complicated an area of disability history and current practice - yet that is what faces South Asians and their foreign collaborators. Vast complexity and pitifully unequal resources are the working

challenges that face people in many countries, who wish to plan and develop culturally and conceptually appropriate services, to diminish the disabling forces in society and environment, and to enhance the positive features.

The proposed solution - much more serious effort and research towards constructing or recovering a relevant historical-cultural base - is no quick fix. Armchair theorists accustomed to seeing third world social problems explained and solved within 40 minute television documentaries, may fail to find satisfaction in what is more probably 40 years' hard graft. In the *zeitgeist* of the late 1990s, to spend one's time planting saplings, the fruits of which might be enjoyed by distant people's grandchildren, is a form of madness. How much crazier then to meddle with the alien history of the weak, despised and disabled, in the hope of influencing still unborn decision-makers who will occupy a world hardly imaginable? Yet... the most irrational approach of all would be to blunder on, ignoring the lessons we may learn from the past.

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